DOCUMENT RESUME

ED 107 360 PS 007 870

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TITLE The New York City Infant Day Care Study Design.
PUB DATE 24 Nov 74
NOTE 8p.; Paper presented at the Annual Meeting of the National Association for the Education of Young Children (Washington, D. C., November 1974); For related documents, see PS 007 871-874

EDRS PRICE MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS *Child Development; *Day Care Programs; Experimental Groups; *Infants; Interagency Coordination; *Longitudinal Studies; Parent Child Relationship; Physical Environment; *Research Design; Student Teacher Relationship
IDENTIFIERS *New York City Infant Day Care Study

ABSTRACT

This paper provides a brief introduction to the New York City Infant Day Care Study, a 5-year, longitudinal study in which children in three different child rearing environments are compared: (1) infants in group day care, (2) infants in family day care, and (3) infants reared at home. Data are being collected on three major aspects of child development: (1) health, nutrition, and physical development; (2) psychological development (cognitive, language, social, personality, and emotional); and (3) family development. A total of 500 children are involved: (1) 250 children (half from group day care and half from family day care) who are followed from program entry until they reach age 3; (2) another 100 children who do not enter the programs until age 3; and (3) an at-home sample of 150 children, ages 6, 12, or 18 months. The nature of the research partnership formed between the participating day care agencies, the study staff, the Agency for Child Development, and the Health Department is described. (ED)

JAN. 27 1975

ED107360

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THE NEW YORK CITY INFANT DAY CARE STUDY DESIGN

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PS 007870

National Association for the Education
of Young Children
1974 Annual Conference
Washington, D. C.
November 24, 1974

We would like to discuss the New York City Infant Day Care Study with you this afternoon. This is a five year, longitudinal study, of infants in group and family day care programs throughout the City. It is now in its third year.

New York experienced a dramatic increase in infant day care facilities since 1968 when the health code was amended to allow children from two months to two years of age into group care.

As in the rest of the country, the increase in facilities was accompanied by many questions about how to best organize and staff the programs for quality care, and the concomitant question of what effect separating infants from their mothers would have on their ultimate development. The Study was the result of the desire of those who were shaping the program to learn the answers to these questions while they were delivering the needed services

New York provided a unique opportunity to seek answers to these vital issues. The size and variability of infant day care programs in the City provided the setting from which we could involve over 500 children enrolled in 32 service oriented community controlled day care programs and 15 child health stations in to this large scale study of infant day care as it is delivered in an urban area.

The study is co-sponsored by the New York City Health Department which has the responsibility for licensing infant group programs and the New York City Agency for Child Development, which is the major source of financial support for the infant programs. It is funded by a grant from the United States Department of Health, Education and Welfare, Office of Maternal and Child Health. In addition the Office of Child Development contributed funds for developing the methodology for studying program patterns.

The development of infants and the patterns of care provided are being studied in three different child rearing environments: (1) children in

group day care centers; (2) those in family day care programs and (3) children reared at home by their own mothers.

Approximately 250 babies who entered infant day care programs between two months and 20 months of age, half from group day care and half from family day care, are followed longitudinally from when they first enter day care until they are three years old. There is an attrition rate of approximately 27% which is being compensated for by additional recruitment.

These 250 children constitute our infant day care sample. By studying them we find out about the population using infant care, their developmental patterns and the program interactions they are receiving.

The next part of our sample consists of 100 youngsters who just enter one of our participating group or family daycare programs at three years of age. These children represent our 36-month sample. A comparison of their developmental characteristics with those of our infant day care sample at three will tell us whether children in infant day care develop differently than youngsters who have not been away from their mothers during the day in infancy.

In addition, we see 50 children at 6; 50 children at 12 and 50 children at 18 months who are at home with their own mothers. Our study of the at-home children provides data on infants' relationships with their own mothers that will be compared to the relationships that infants in day care have with their caregivers.

The 150 children in our at-home sample are seen only once. We would have preferred to have recruited an at-home sample that would have been followed longitudinally in a parallel manner to our infant day care sample.

This approach was deemed to be not feasible and instead we are recruiting different children at each of the key ages.

The three samples are, however, composed of children from the same geographic neighborhoods, they are also similar in terms of socio-economic background, ethnicity, age of mother and sex. The demographic and initial characteristics of the children and families in the three samples are carefully studied, as will be described by the other presenters. These characteristics will be considered in analyzing all data.

Initial characteristics, program variables and outcome measures are collected in three major areas. These areas were identified by those concerned with the study as corresponding to the major goals of infant day care. They are:

A. Health, Nutrition and Physical Development

B. Psychological development including cognitive, language, social personality and emotional development.

and C. Family development.

The specific procedures used to collect and analyze data in each of the above areas will be discussed in the papers to follow.

As previously indicated, the longitudinal and 36-month samples are drawn from our participating group and family day care programs. There are eleven group day care programs in the study. In infant group day care, a child is cared for in a center consisting of several groups with a maximum of ten children in each group. Several caregivers are assigned to each room with each center supervised by a professional director. The number and background of staff in group centers is specified in the New York City Health Department guidelines.

In family day care, the child is cared for in a licensed private home by a mature non-professional woman. A maximum of five children, with only two under two years of age, may be cared for in any home. There are three

major types of family day care programs operating in New York City:

1. The Family Day Care Careers Program, which consists of 21 agencies located in poverty areas in the five boroughs of New York City. The sponsoring agencies are all community-based. Each agency assumes the responsibility for hiring, training and supervising the provider-mothers, who care for children in their own homes. These programs serve about 60% of the family day care population. Ten of the programs are participating in the study.
2. The Family Day Care Cluster Program: Under this program, a cluster of family day care homes is attached to a group day care center in their geographic area and administered in conjunction with the group center. The cluster program serves about 25% of the family day care population. Five cluster programs are in the study.
3. Those operated by private agencies, serving about 15% of the family day care population. Six private agencies are in the study.

The At-Home sample is being recruited from Child Health Stations located in the same areas served by our day care programs.

This is an intensive and complex study. It involves many different day care agencies and requires the recruitment of a large number of children and families. Basic to its success is the need for close cooperation and full acceptance on the part of the agency personnel and participating parents. This has happened, we all feel, because a research partnership has been formed between the participating agencies, study staff, the Agency for Child Development and the Health Department.

Four underlying principles are basic to this partnership:

The first is the totally voluntary nature of the study. Each of the agencies who participate in the study, do so because their governing boards have agreed, and each has the option of leaving the study at any time.

Agency agreement is made after lengthy discussions between representatives of the project and the board. Additionally, parents of eligible children within the agency must agree to join the study in writing and also have the option of withdrawing their child.

The second is the policy role agencies play in the study. Every participating day care agency chooses representatives to the Study Policy Committee; usually the director of the program and a member of the governing board are selected to represent the agency. The Agency for Child Development, the Department of Health, and the directors of the study are also represented on the Committee. The Policy Committee reviews and agrees to all study plans, procedures, and publications.

The third principle is one of thorough communication at all levels. Acceptance of the study by Agency staff, children's caretakers and parents is based on an understanding of its goals and methodology. We have found it important to meet with all staff members, in staff meetings and small groups, and to attend parent meetings to discuss the study in detail. In addition, research personnel are available to meet parents of prospective sample children on a one-to-one basis. Observers and home interviewers always review the study with provider-mothers or with the children's parents on an informal basis, before observing or interviewing.

The fourth principle is one of confidentiality. All information that is gathered by the research team about an individual family, caretaker, child or day care agency is confidential. Published data will, in every case, be presented in a way that will protect this confidentiality. At the Policy Committee's mandate, one exception has been made to this rule, and that is, that information obtained by staff pediatricians or by the testing team indicating a problem in a child's development, is reported to the Agency. Dr. Gareen will discuss the procedures for this.

The last point I would like to discuss with you, is a change we are going to make in the stated description of this panel discussion. And that is that we will not be sharing preliminary data today. At first, this was made impossible as our computer firm went bankrupt at a most inopportune time and the need to associate ourselves with new facilities has put us several months behind in computerizing our data. But of paramount importance is the basic question that all longitudinal research must face, of the affect that preliminary reporting will have on the research itself. The Policy Committee weighed the feasibility of publishing data before 1976 when the study will be completed and decided that we should not. We would like instead, to acquaint you with our research design and obtain your reactions and suggestions.

Thank you.

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